

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **35041**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>493</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau in city</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson</b>		d. STREET ADDRESS (If rural, give location) <b>311 East Adams</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Haven Of Rest</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1957</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Susan</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Blinn</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Mch. 23, 1871</b>	
9. AGE (in years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Blinn</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Slack</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Taylor</b> ADDRESS <b>Cape Gir. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Fibrosis Tumor Heart</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>None</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1, 1957</b> , to <b>Oct. 19, 1957</b> , that I last saw the deceased alive on <b>Oct. 17, 1957</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. L. Herbert M.D.</b>				23b. ADDRESS <b>Jackson Mo</b>		23c. DATE SIGNED <b>10-25-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 21, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-31-57</b>		REGISTRAR'S SIGNATURE <b>G. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Cracraft</b>		ADDRESS <b>Jackson, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Gene C. Crawford*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Lawrence, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.